

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/595417**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		3		/		
6		3		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
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16		0		/		
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18		0		/		
19		0		/		
20		0		/		
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28		0		/		
29		0		/		
30		0		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35		0		/		
36		0		/		
37		0		/		
38		0		/		
39		0		/		
40		0		/		
41		0		/		
42	/		/			
43	/	1	/	/		
44		/		/		
45		/		/		
46		0		/		
47		0		/		
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		/		
52		0		/		
53		0		/		
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96						
97						
98						
99						
100						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	5	←	50	←		←
TOTAL CLAIMS			54			